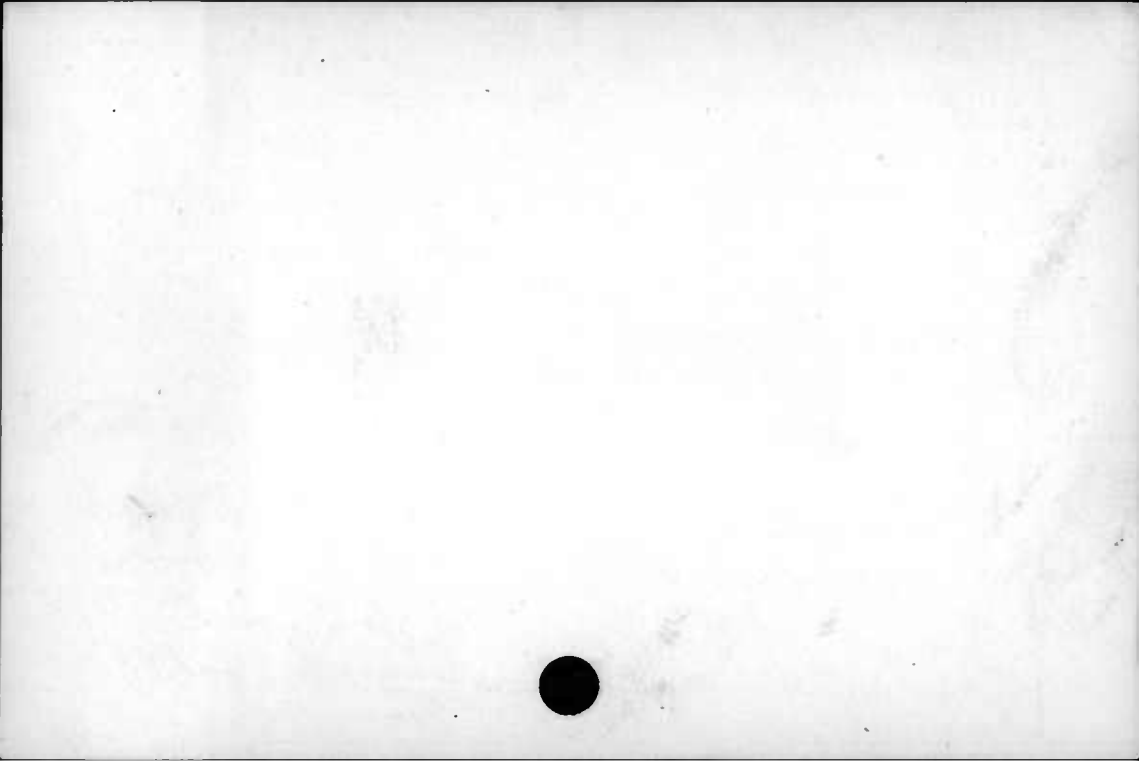


Name in Full John Wesley Anderson		Town Inds Stone		County Queen Anne		CERTIFICATE OF DEATH	
Died at Inds Stone		State MARYLAND					
Date of death 1907		Month Sept		Day 10th		Age 19	
Sex Male		Color or Race African		Birthplace Baltimore			
Occupation Farm hand		Where Residing if not at place of death Inds Stone					
Married, Single or Widowed Single		Name of Wife or Husband					
Father's Name Thomas Henry Anderson		Father's Birthplace Queen Anne Co					
Mother's Maiden Name Mary Ellen Wilson		Mother's Birthplace Queen Anne Co					
Name of person giving information Thomas Henry Anderson		How related to deceased Father					
CAUSES OF DEATH (4)							
Primary Malarial (Remittent) fever		How long Three weeks					
Immediate Heart failure		How long Smoking 24 hours					
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician Howard R. Hopkins		Address Queen Anne, Md.			
Accident or Suicide? No							



Name
in
Full

Mary Elizabeth Boynard

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Burrisville</i>		County <i>Queen Anne's</i>		MARYLAND	
Date of death	1907	Month <i>September</i>	Day <i>18</i>	Age <i>2</i>	Months <i>1</i> Days <i>21</i>
Sex <i>Female</i>	Color or Race <i>colored</i>		Birth-place <i>Burrisville</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>Arvid Boynard</i>		Father's Birthplace <i>Burrisville</i>			
Mother's Maiden Name <i>Lavinia Blake</i>		Mother's Birthplace <i>Burrisville</i>			
Name of person giving information <i>Lavinia Blake</i>		How related to deceased <i>Mother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Rheumatism</i>	(47)	How long <i>3 weeks</i>
Immediate <i>Heart failure</i>		How long <i>a few hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>S. P. Dudley</i>	
	Address <i>Church Hill</i>	
	<i>Maryland</i>	
Accident or Suicide?		



Name
in
Full

George Washington Cairn

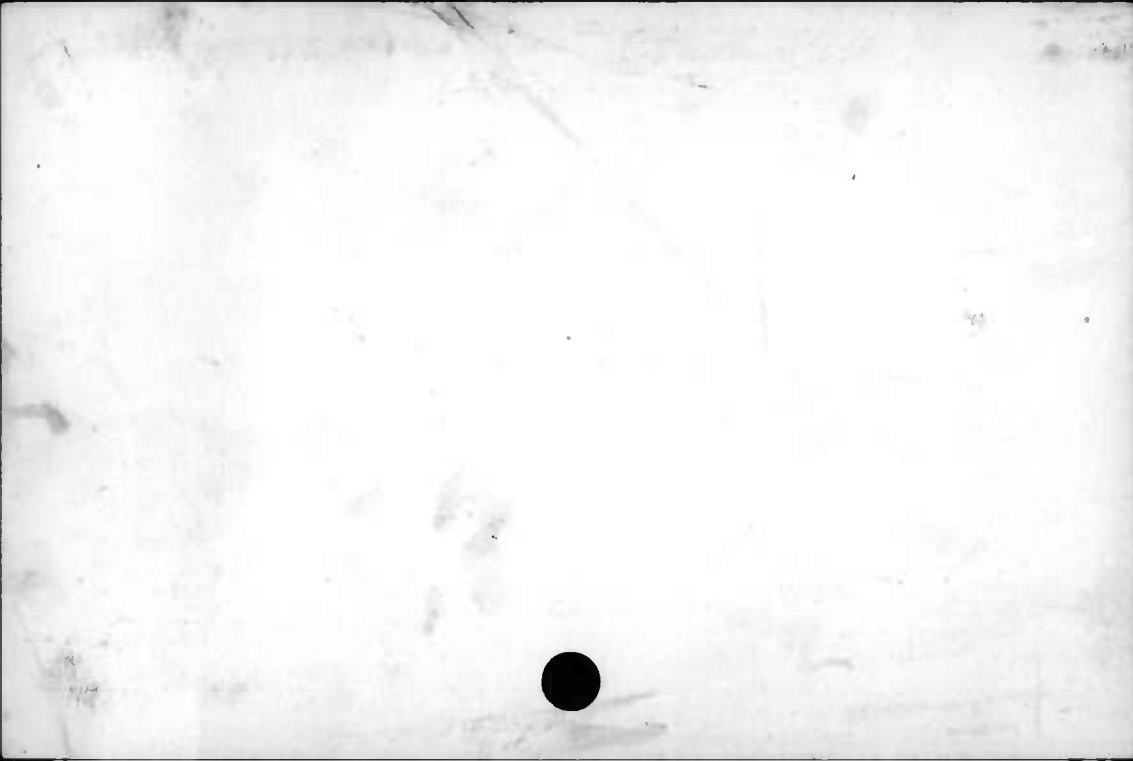
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Starkys Corner</i>		Town <i>Starkys Corner</i>		County <i>Queen Anne's</i>		MARYLAND	
Date of death <i>1907</i>		Month <i>September</i>		Day <i>21</i>		Age <i>67</i>	
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Virginia</i>			
Occupation <i>none</i>		Where Residing if not at place of death: <i>Starkys Corner</i>					
Married, Single or Widowed <i>Widower</i>		Name of Wife or Husband <i>Martha Cairn</i>					
Father's Name <i>unknown</i>		Father's Birthplace <i>Lucy Anne's birth</i>					
Mother's Maiden Name <i>Martha Hynson</i>		Mother's Birthplace <i>Church Hill</i>					
Name of person giving information <i>Henry Hynson</i>		How related to deceased <i>None</i>					

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <i>Thrombosis</i>	(66)	How long <i>4 days</i>	
	Immediate <i>Exhaustion</i>		How long <i>1 hour</i>	
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Dr. N. S. Dudley</i>	
	Accident or Suicide? <i>9</i>		Address <i>Church Hill Maryland</i>	



Name
in
Full

CERTIFICATE OF DEATH

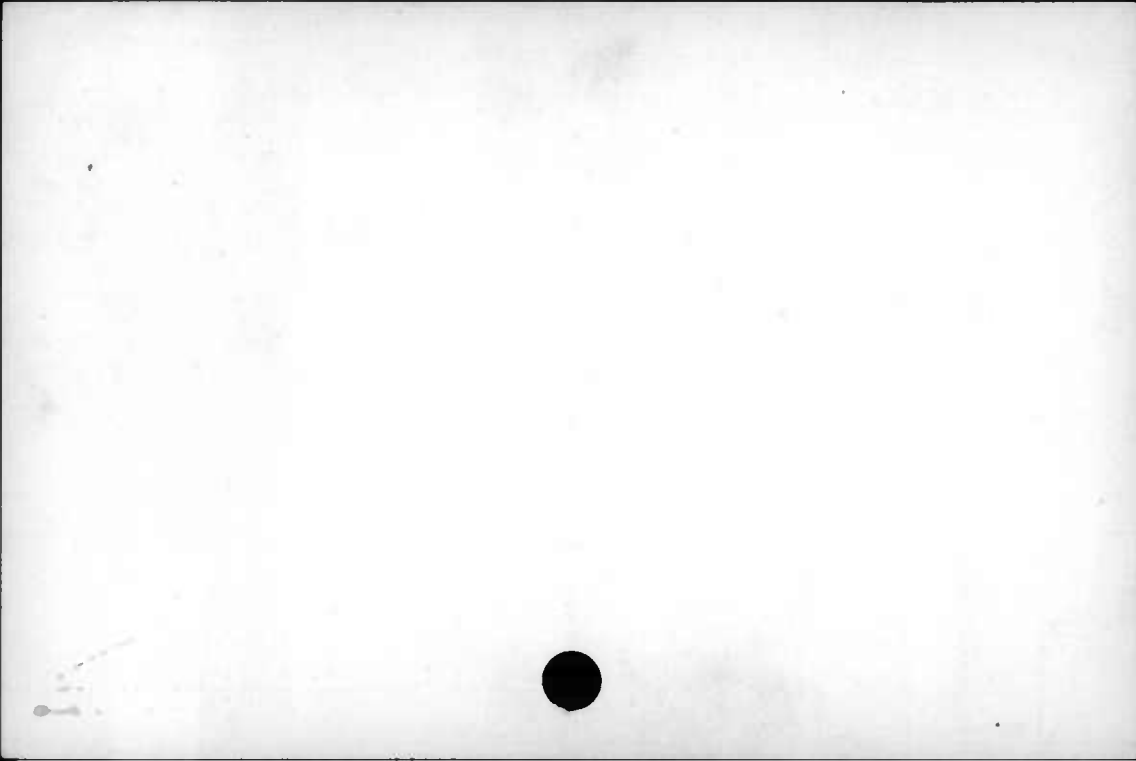
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>George F. Drury</i>		Town <i>Superiorville</i>		County <i>Furness</i>		State <i>MARYLAND</i>	
Died at		Month <i>9</i>		Day <i>15</i>		Years <i>2</i>	
Date of death <i>1907</i>		Age <i>2</i>		Months		Days	
Sex <i>Male</i>		Color or Race <i>W</i>		Birth-place <i>Ind.</i>			
Occupation <i>—</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Arthur Drury</i>		Father's Birthplace <i>Ind.</i>					
Mother's Maiden Name <i>Esther Hornell</i>		Mother's Birthplace <i>Ind.</i>					
Name of person giving information <i>Arthur Drury</i>		How related to deceased <i>Father</i>					

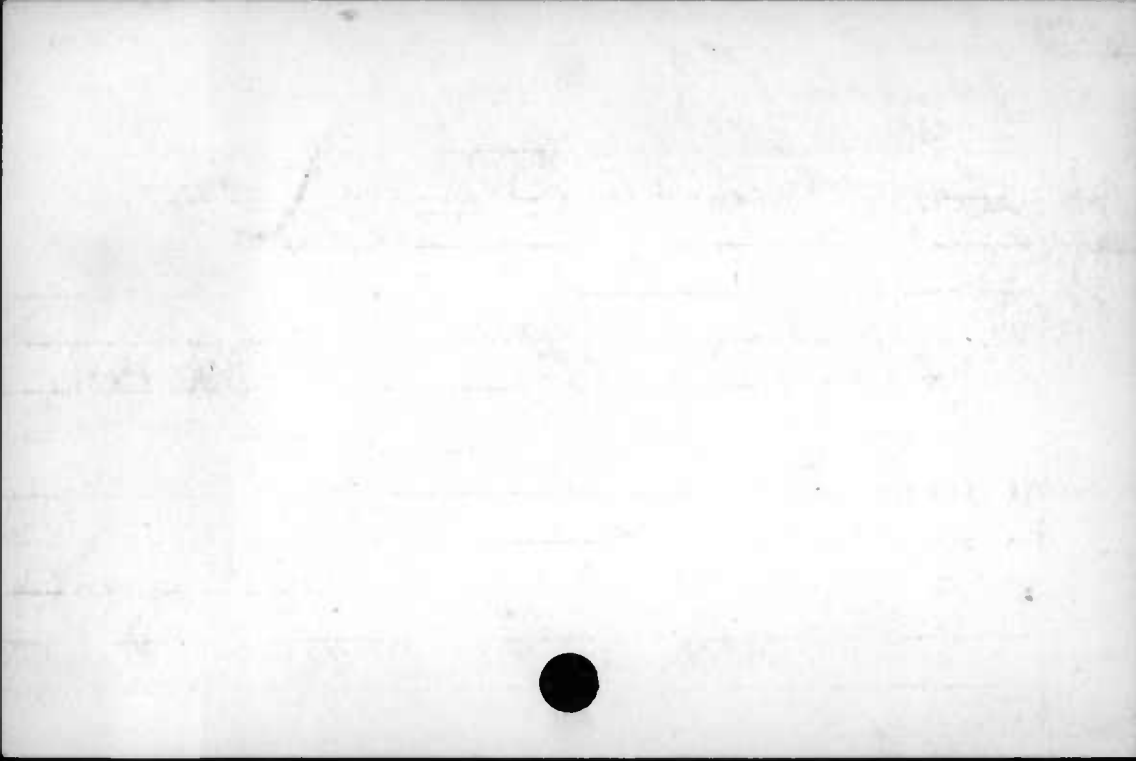
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Poison Lye</i>	How long	<i>24 hours</i>
Immediate	<i>" Strangulation "</i>	How long	<i>"</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Geo. L. Lusk</i>	
		Address <i>Superiorville, Ind.</i>	
Accident or Suicide? <i>Accident</i>			



Name in Full		Blanchard Emory Jr				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at	Centerville		Queen Anne's County		MARYLAND		
	Date of death	1907	9	21	Age	52	Months 6 Days 17	
	Sex	Male		Color or Race	White		Birth-place	Queen Anne Co
	Occupation	Farmer, Coal		Where Residing if not place of death	Chaptains Place of death			
	Married, Single or Widowed	married		Name of Wife or Husband	Mary Kerr			
	Father's Name	Blanchard Emory Sr			Father's Birthplace	Queen Anne Co		
	Mother's Maiden Name	Mary Bourke			Mother's Birthplace	Queen Anne Co		
Name of person giving information	Edward B Emory Jr				How related to deceased	Son		
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary	Arterio-sclerosis				How long	6 yrs	
	Immediate	Cerebral Hemorrhage				How long	10 days	
	Are the name, age, sex, color, date and place correctly given above?	Yes				Signature of Physician	Wm H. Traub, M.D.	
	Address	Centerville, Queen Anne's Co, Md.						
Accident or Suicide?	No							



Name
in
Full

Infant. Keeling

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

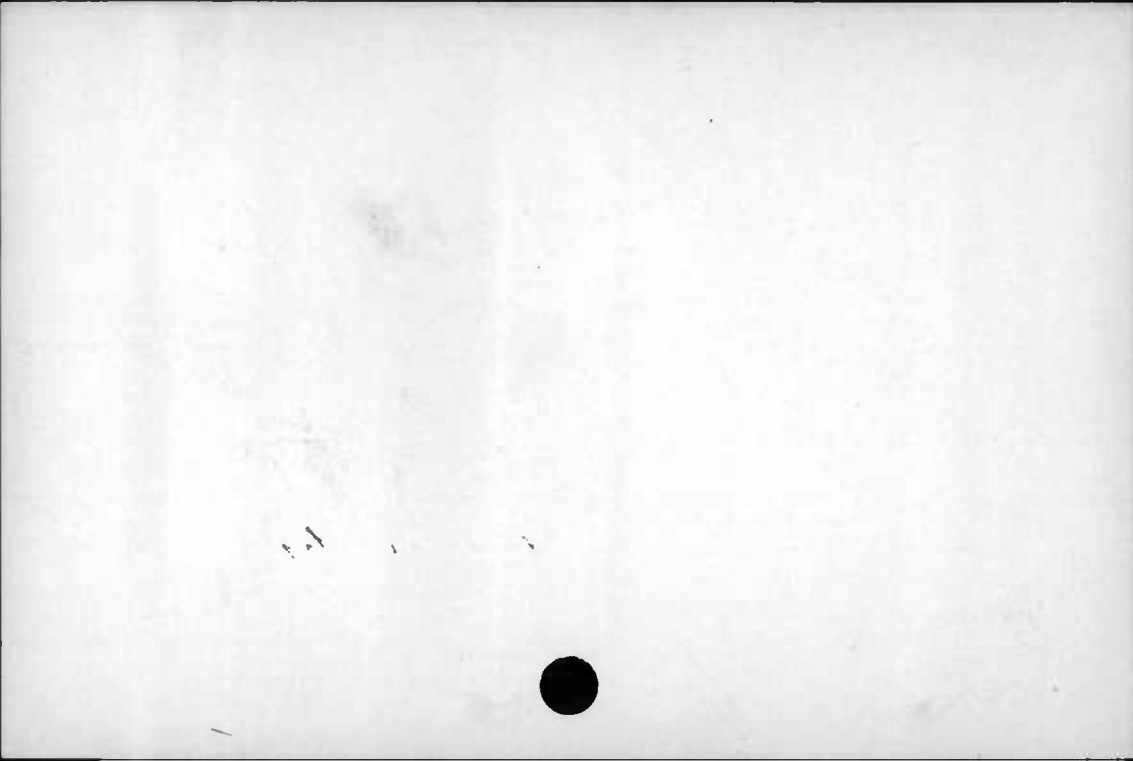
Died <i>near Robert's</i>		Town <i>Robert's</i>		County <i>Queen Anne's</i>		MARYLAND	
Date of death <i>190</i>		Month <i>Sept</i>	Day <i>4</i>	Age <i>—</i>	Years <i>—</i>	Months <i>—</i>	Days <i>10</i>
Sex <i>Female</i>		Color or Race <i>Black</i>		Birth-place <i>Robert's</i>			
Occupation <i>—</i>				Where Residing if not at place of death <i>at place of death</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Frank Keeling</i>		Father's Birthplace <i>Va</i>		Mother's Name <i>Clara E. Tiller</i>		Mother's Birthplace <i>Ind</i>	
Name of person giving information <i>James Wesley Tiller</i>		How related to deceased <i>Grandfather</i>					

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary <i>Premature birth</i>	How long <i>—</i>
Immediate <i>Immaturity</i>	How long <i>15 minutes</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>D. G. Leppage</i>
	Address <i>Church Hill</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

Andrew Franklin Legg.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} near Millington		^{County} Queen Anne		MARYLAND	
Date of death	1907	Month	9-	Day	17
Age		Years	one	Months	—
Sex	male	Color or Race	white	Birth-place	near Millington
Occupation			Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		Andrew Legg		Father's Birthplace	
Mother's Maiden Name		Sarah Emma Legg		Mother's Birthplace	
Name of person giving information		Andrew Legg		How related to deceased	
				Father	

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	Enteric colitis	How long	6 weeks
Immediate	Suppression of Urine & Crura	How long	36 hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		C. P. Towne M.D.	
		Address	
		Millington	
		Md	
Accident or Suicide?			

Bureau at
Exemption 2 or 3
me

Name in Full		George R. Nichols				CERTIFICATE OF DEATH							
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Shuttown</u> <small>Town</small>		<u>Queen Anne</u> <small>County</small>		MARYLAND							
		Date of death	<u>1907</u>	Month	<u>9</u>	Day	<u>5</u>	Age	<u>27</u>	Months	<u>8</u>	Days	<u>5</u>
		Sex	<u>Male</u>		Color or Race	<u>Negro</u>		Birth-place	<u>Centerville</u>				
		Occupation	<u>Laborer</u>			Where Residing if not at place of death			<u>Centerville Md</u>				
		Married, Single or Widowed	<u>Single</u>		Name of Wife or Husband								
PHYSICIAN OR CORONER		Father's Name				<u>Fredrick R Nichols</u>		Father's Birthplace		<u>Centerville</u>			
		Mother's Maiden Name				<u>Betsy Hallis</u>		Mother's Birthplace		<u>2 A. Co.</u>			
		Name of person giving information				<u>Fredrick R Nichols</u>		How related to deceased		<u>Father</u>			
		CAUSES OF DEATH											
PHYSICIAN OR CORONER		Primary				<u>Accidental drowning.</u>		How long					
		Immediate				<u>Drowned while</u>		How long					
		Are the name, age, sex, color, date and place correctly given above?				<u>in bathing.</u>		Signature of Physician		<u>J. W. W. Woodfield</u>			
		Supposed to have been seized with cramps, to which patient was subject.				Address		<u>Put Regt</u>					
		Accident or Suicide?				<u>Accident -</u>							



Name
in
Full

Landon Parks

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

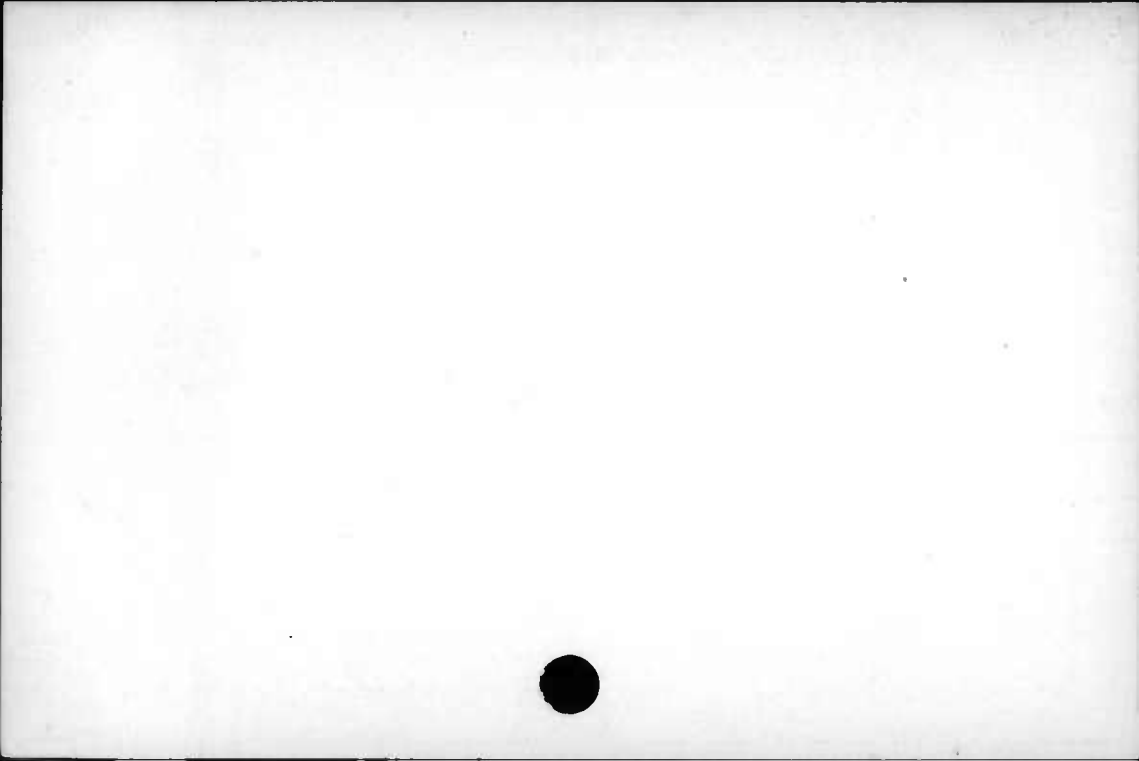
Died at <i>Foods Store</i> Town		<i>Queen Anne</i> County		MARYLAND	
Date of death	1907	Month	Sept	Day	14
Age	Years		Months	Days	
Sex	<i>Male</i>		Color or Race	<i>White</i>	
Birthplace	<i>29 Ches red</i>				
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband		
Father's Name	<i>Joseph H Parks</i>			Father's Birthplace	<i>29 Ches red</i>
Mother's Maiden Name	<i>Myrtus Landon</i>			Mother's Birthplace	<i>Somerset Conn</i>
Name of person giving information	<i>Myrtus Parks</i>			How related to deceased	<i>Wife</i>

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	<i>Cholera Infantum</i>	How long	<i>few days</i>
Immediate	<i>Menigitis</i>	How long	<i>3 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>Wm S. Henry</i>	
		Address	
		<i>Stevensville Md</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

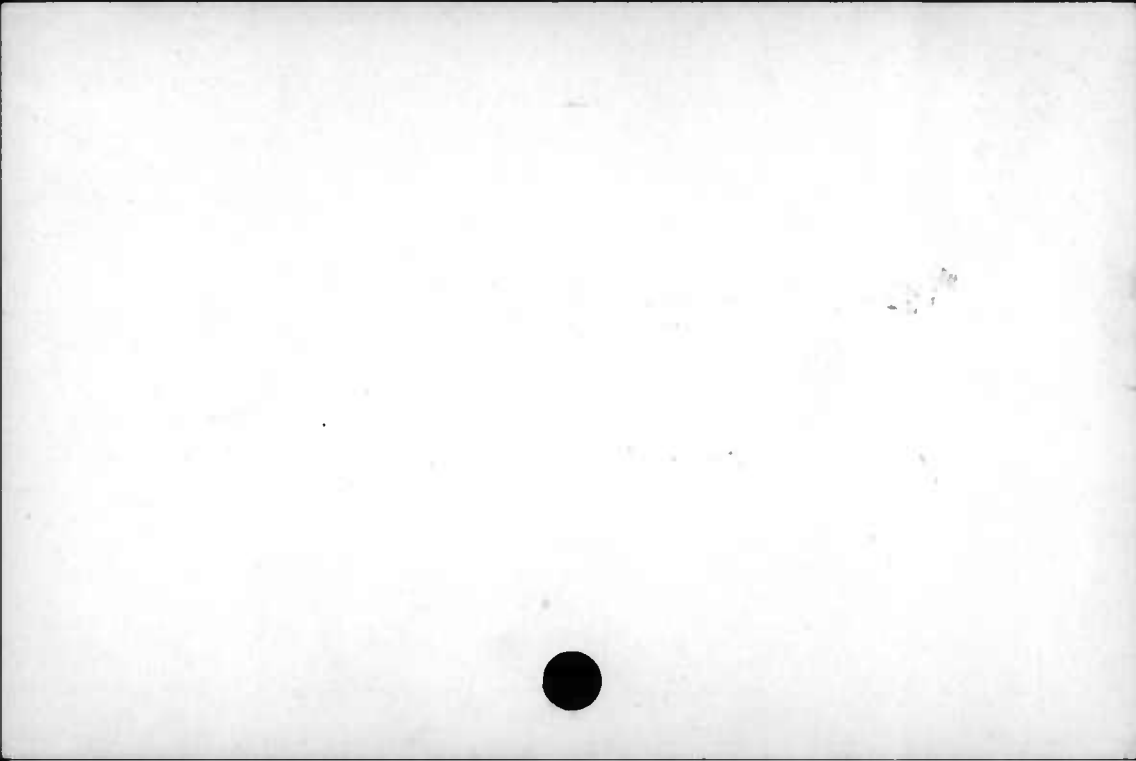
Name in Full Alfred A. Potts		Town Mar Ingle side		County Queen Anne		MARYLAND	
Died at Mar Ingle side		Month 9		Day 10		Years 78	
Date of death 1907		Month 9		Day 10		Age 78	
Sex Male		Color or Race Black		Birth- place Wd.			
Occupation Farmer		Where Residing if not at place of death					
Married, Single or Widowed Married		Name of Wife or Husband Rachel Potts					
Father's Name Samuel Potts		Father's Birthplace Wd.					
Mother's Maiden Name Don't know		Mother's Birthplace Don't know					
Name of person giving In formation William A. Chase		How related to deceased Grandson					

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary Bright's-disease	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician J. R. Smith, M.D.
	Address Emplerville, Ky.
Accident or Suicide?	



Name
in
Full

Mary Elizabeth Ryland

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

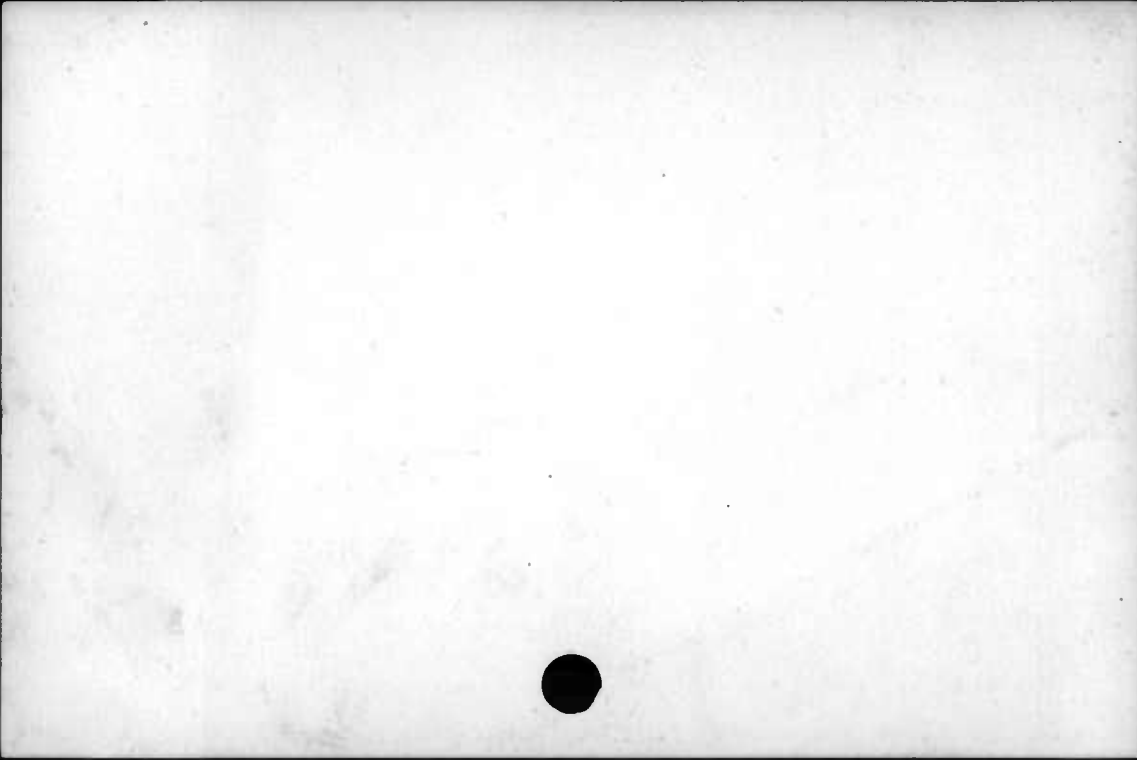
Died at <i>Crumpston</i> ^{Town}		<i>Queen Anne</i> ^{County}		MARYLAND	
Date of death <i>1907</i>	Month <i>Sept.</i>	Day <i>10th</i>	Age <i>65</i> Years	Months <i>One</i>	Days <i>2</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth place <i>Church Hill</i>		
Occupation <i>house wife</i>			Where Residing if not at place of death		
Married, Single <input checked="" type="checkbox"/> Widowed <i>Widow</i>		Name of Wife or Husband <i>Asbury Ryland</i>			
Father's Name <i>James Woodall</i>			Father's Birthplace <i>Millington Md</i>		
Mother's Maiden Name <i>Catharine Clark</i>			Mother's Birthplace <i>near Millington</i>		
Name of person giving information <i>Ethel Ryland</i>			How related to deceased <i>Daughter</i>		

CAUSES OF DEATH

(99)

PHYSICIAN
OR CORONER

Primary	<i>Chronic Rheumatism</i>	How long	<i>10 years</i>
Immediate	<i>Sudden Hemorrhage of Lungs</i>	How long	<i>Ten minutes</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>F. H. Shepherd</i>	
		Address <i>Crumpston Md</i>	
Accident or Suicide? <i>neither</i>			



Name
in
Full

Martha Anna Starkey

CERTIFICATE OF DEATH

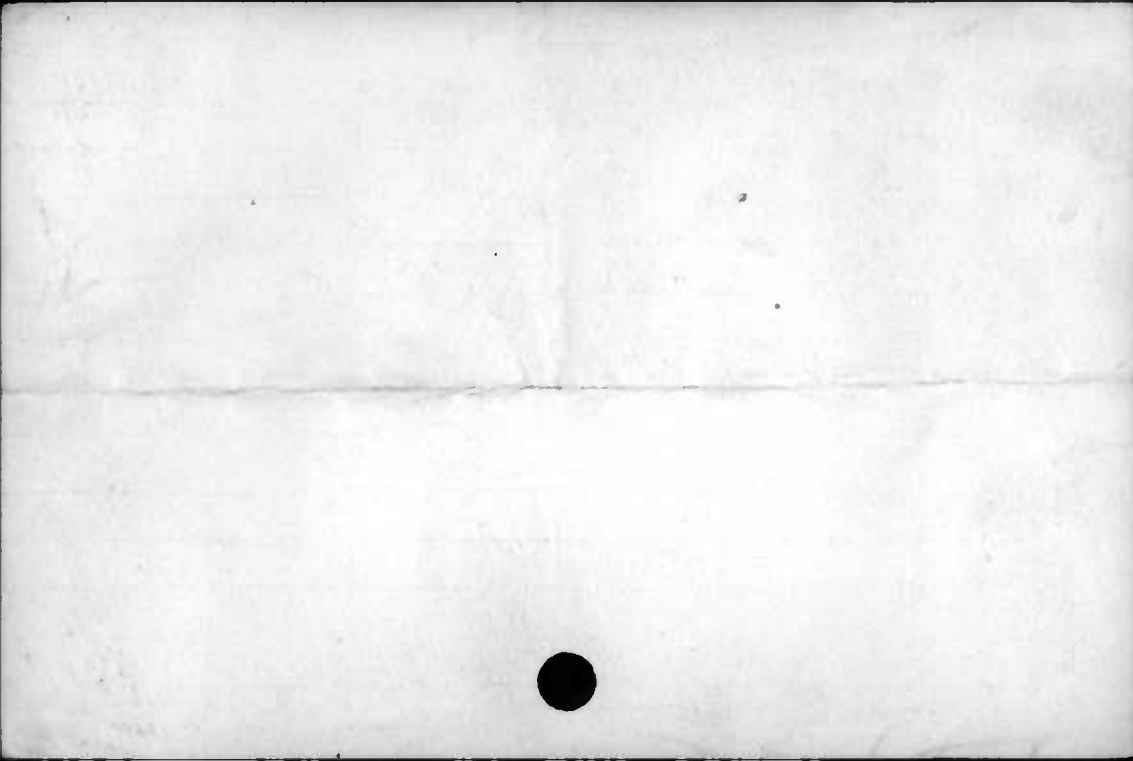
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Ingleside</i>		Town <i>2. Innes</i>		County		MARYLAND	
Date of death <i>1907</i>	Month <i>9</i>	Day <i>20</i>	Supposed Age <i>78</i>	Years	Months	Days	<i>Do not know some age</i>
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>Id</i>				
Occupation <i>Laborer</i>			Where Residing if not at place of death				
Married, Single or Widowed <i>Single</i>			Name of Wife or Husband				
Father's Name <i>Do not know</i>			Father's Birthplace <i>Do not know</i>				
Mother's Maiden Name <i>Do not know</i>			Mother's Birthplace <i>Do not know</i>				
Name of person giving information <i>Arbison Stewart</i>			How related to deceased <i>Son in Law</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Old Age</i>	How long <i>(64)</i>
Immediate <i>Paralysis</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. J. Graham</i>
<i>9</i>	Address <i>Ingleside, Id</i>
Accident or Suicide?	



Name
In
Full

Mildred Susan Stacker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

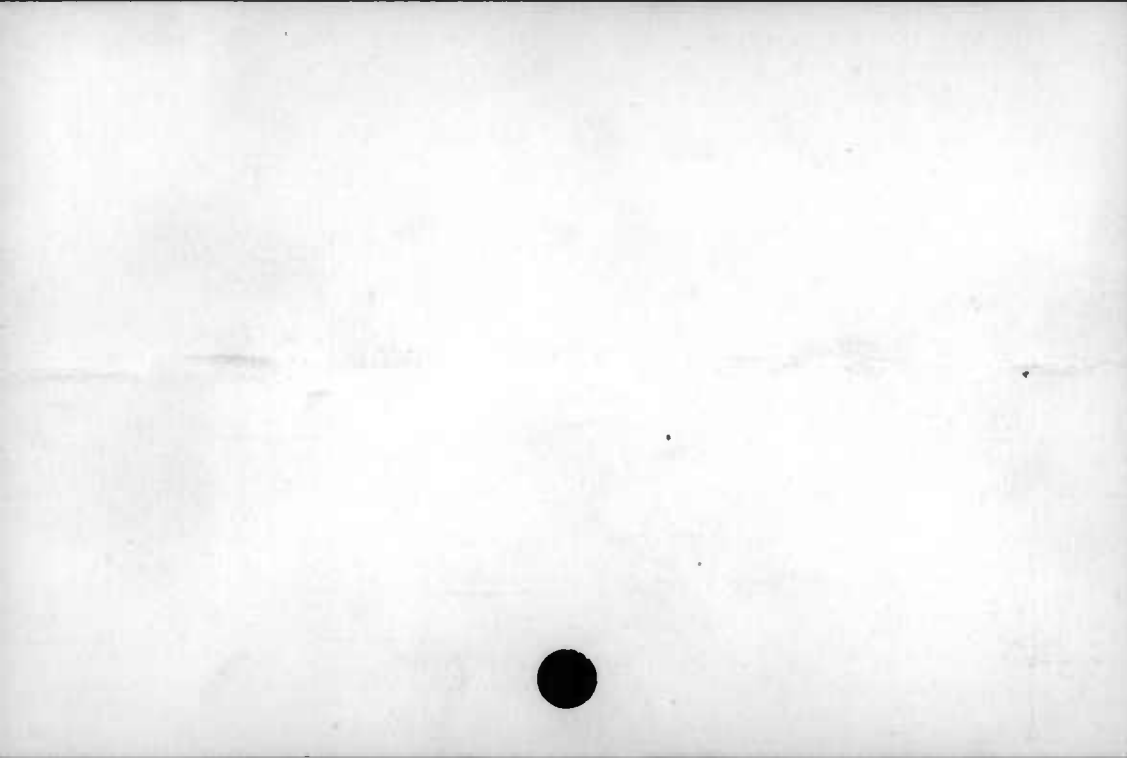
Died at <i>Templeville</i> Town		<i>Queen Anne</i> County		MARYLAND	
Date of death <i>1907</i> Month <i>Sept</i> Day <i>20</i>		Age <i>—</i> Years		Months <i>2</i> Days <i>15</i>	
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Templeville</i>	
Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Harry Stacker</i>		Father's Birthplace <i>near Templeville</i>			
Mother's Maiden Name <i>Mamie Hall</i>		Mother's Birthplace <i>"</i>			
Name of person giving information <i>Mamie Hall</i>		How related to deceased <i>mother</i>			

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary <i>Acute Myocarditis</i>	How long <i>One week</i>
Immediate <i>Heart Failure</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>H.E. Evans</i>
	Address <i>Marydel Md</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

Mary Sudler

CERTIFICATE OF DEATH

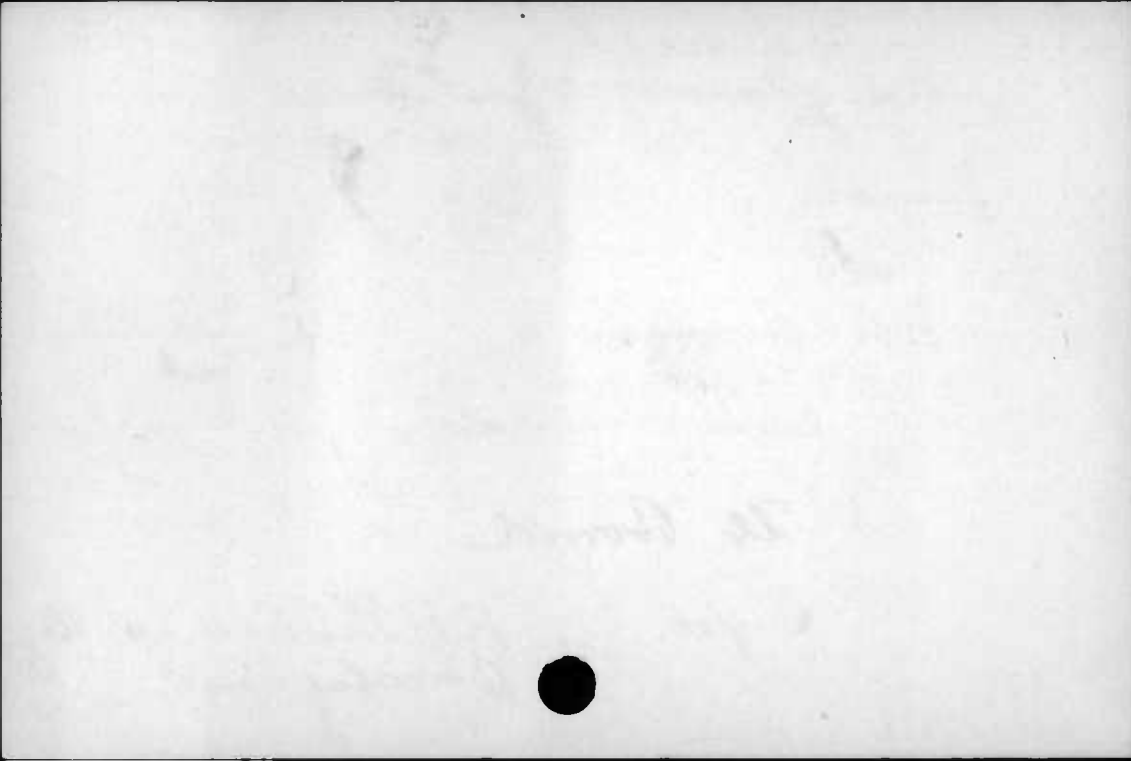
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Carmichael</u> <small>Town</small>		<u>Queen Anne</u> <small>County</small>		MARYLAND	
Date of death	<u>1907</u> <small>Year</small>	<u>Sept.</u> <small>Month</small>	<u>16</u> <small>Day</small>	Age <u>50</u> <small>Years</small>	<u>—</u> <small>Months</small>
Sex	<u>Female</u>	Color or Race	<u>Colored</u>	Birth-place	<u>Maryland</u>
Occupation	<u>Domestic</u>	Where Residing if not at place of death		<u>Carmichael</u>	
Married, Single Widowed	Name of Wife or Husband				
Father's Name	<u>not known</u>			Father's Birthplace	<u>not known</u>
Mother's Maiden Name	<u>not known</u>			Mother's Birthplace	<u>not known</u>
Name of person giving information	<u>Persay Sudler</u>			How related to deceased	<u>Son</u>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Rheumatism</u>	How long	<u>2 weeks</u>
Immediate	<u>angina Pectoris</u>	How long	<u>3 days</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<u>yes</u>		Address	<u>J. M. Slack M.D., Spice Mills Md.</u>
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Barclay</i> ^{Town}		<i>Sudler</i> ^{County}		MARYLAND	
Date of death	<i>1907</i>	Month <i>Sept</i>	Day <i>28</i>	Age <i>still Born</i>	Years <i>0</i> Months <i>0</i> Days <i>0</i>
Sex <i>female</i>	Color or Race <i>Black</i>		Birth-place <i>Ind</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <i>Not-Known</i>			Father's Birthplace <i>Not-Known</i>		
Mother's Maiden Name <i>Willie Sudler</i>			Mother's Birthplace <i>Ind</i>		
Name of person giving information <i>John W Sudler</i>			How related to deceased <i>son father</i>		

CAUSES OF DEATH

S

PHYSICIAN
OR CORONER

Primary	<i>Still Born</i>	How long	<i>—</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>R H Phillips Sub Reg</i>	
		Address <i>Barclay Ind</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

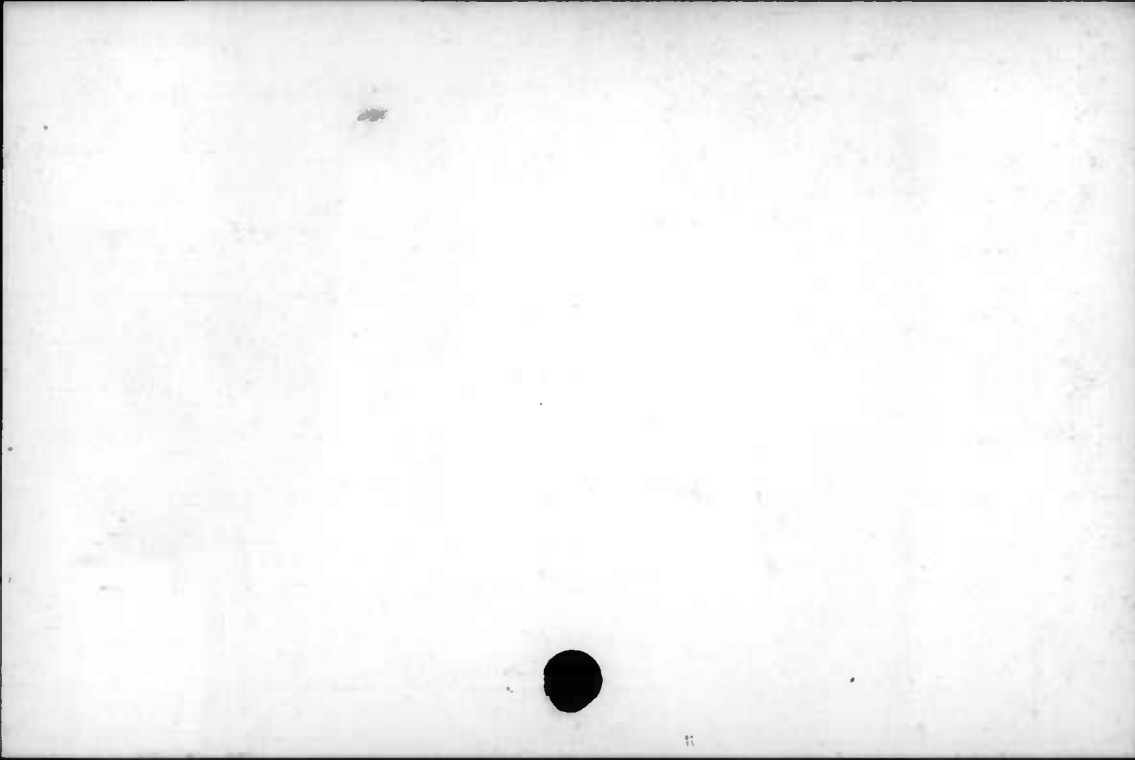
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>McGuire</i> Town		County <i>Queen Anne</i>		MARYLAND	
Date of death	Month	Day	Years	Months	Days
<i>1907</i>	<i>Sept</i>	<i>11</i>	<i>44</i>		
Sex <i>Female</i>	Color or Race <i>White</i>		Birthplace <i>Germany</i>		
Occupation <i>Housework</i>	Where Residing if not at place of death <i>At home</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>John Taulson</i>				
Father's Name <i>John Kallenburg</i>	Father's Birthplace <i>Germany</i>				
Mother's Maiden Name <i>Unknown</i>	Mother's Birthplace				
Name of person giving information <i>John Taulson</i>	How related to deceased <i>Husband</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Typhoid fever</i>	How long	<i>16 days</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>C. P. Townan M.D.</i>	
<i>Yes</i>		Address <i>Millington Md.</i>	
Accident or Suicide?			



Name
in
Full

Mildred Whitton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

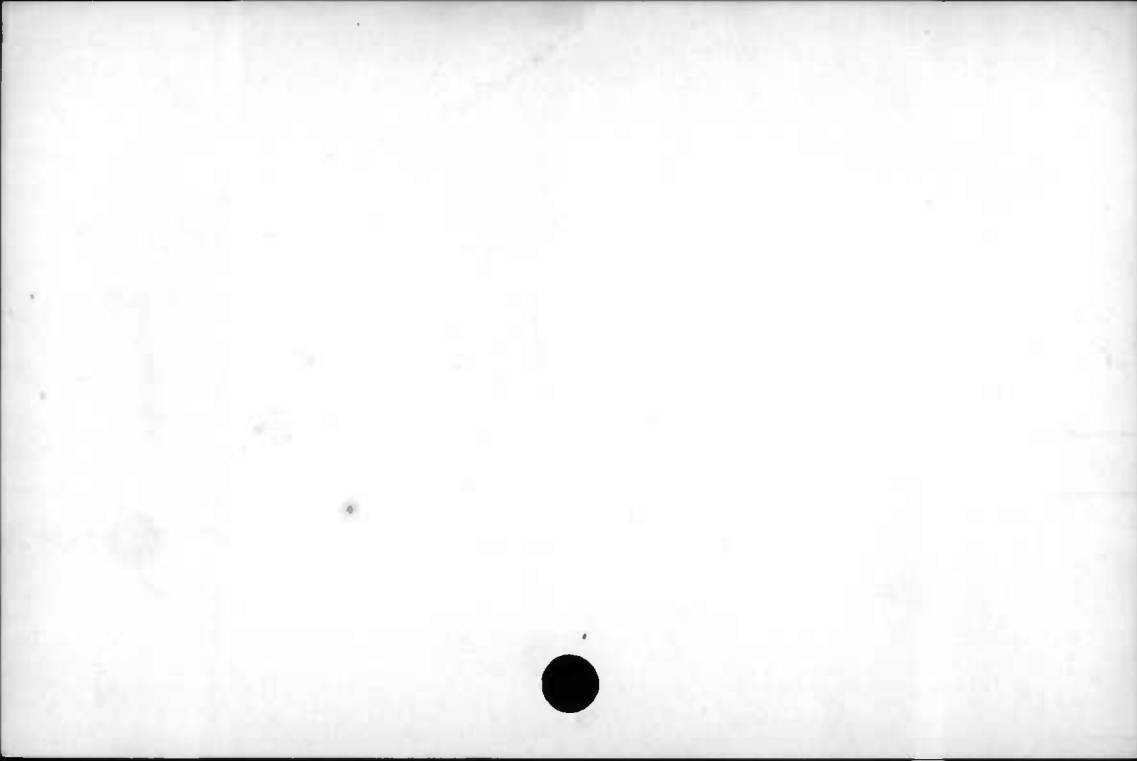
Died at <i>Wye Mills</i>		Town <i>Wye Mills</i>		County <i>Linn</i>		State <i>MARYLAND</i>	
Date of death <i>1907</i>		Month <i>Sept</i>	Day <i>9</i>	Age <i>—</i>	Years <i>—</i>	Months <i>3</i>	Days <i>1</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Wye Mills</i>					
Occupation <i>Child</i>	Where Residing if not at place of death <i>Wye Mills</i>						
<input checked="" type="checkbox"/> Married, Single or Widowed		Name of Wife or Husband <i>Child</i>					
Father's Name <i>Agatha Whitton</i>				Father's Birthplace <i>Maryland</i>			
Mother's Maiden Name <i>Mother Holliday</i>				Mother's Birthplace <i>Maryland</i>			
Name of person giving Information <i>Edward Whitton</i>				How related to deceased <i>Brother</i>			

CAUSES OF DEATH

(61)

PHYSICIAN
OR CORONER

Primary <i>Cerebral Meningitis</i>	How long <i>2 weeks</i>
Immediate <i>Mal Nutrition</i>	How long <i>3 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. W. Stack, M.D.</i>
	Address <i>Wye Mills, Md.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

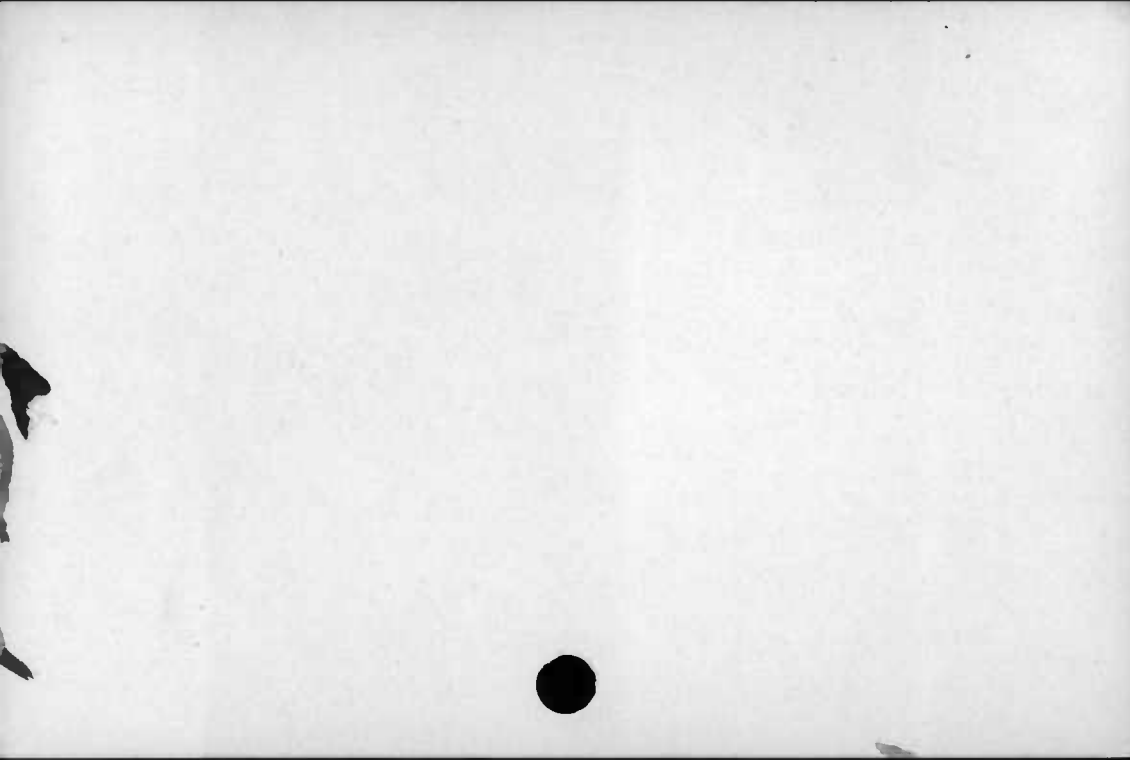
Harrison Roosevelt Waters

Died at <u>Centerville</u> ^{Town}		<u>Queen Anne</u> ^{County}		MARYLAND	
Date of death <u>1907</u> ^{Month} <u>Sept.</u> ^{Day} <u>22</u> ^{Years}		Age <u> </u>		<u>9</u> ^{Months} <u>29</u> ^{Days}	
Sex <u>Male</u>		Color or Race <u>Negro</u>		Birth-place <u>Virginia</u>	
Occupation <u> </u>		Where Residing if not at place of death <u> </u>			
Married, Single or Widowed <u> </u>		Name of Wife or Husband <u> </u>			
Father's Name <u>Clarence Waters</u>		Father's Birthplace <u>Virginia</u>			
Mother's Maiden Name <u>Mary</u>		Mother's Birthplace <u>Fair Mount</u>			
Name of person giving information <u>Clarence Waters</u>		How related to deceased <u>Father</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Nothing</u>	(14)	How long <u>2 weeks</u>
Immediate <u>Dysentary</u>		How long <u>3 days</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>J. M. Mordant</u>	
<u>as near as could be gotten</u>	Address <u>Sub Regtr</u>	
Accident or Suicide? <u>no</u>	<u>No Physician</u>	



Name
in
Full

CERTIFICATE OF DEATH

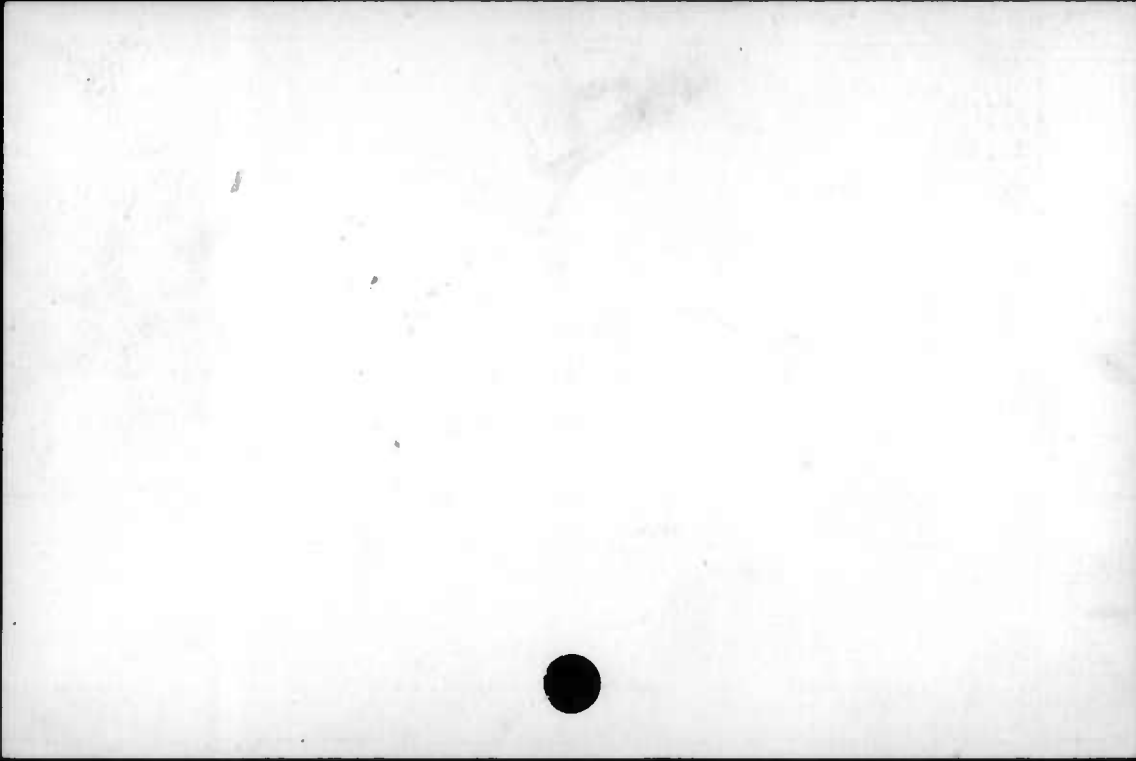
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>James A. Weston</i>		Town <i>Stevensville</i>		County <i>Q - A.</i>		MARYLAND			
Died at <i>Stevensville</i>		Date of death <i>1907 Sept 8</i>		Age <i>73</i>		Months <i>8</i>		Days <i>12</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Kent Island</i>					
Occupation <i>none</i>		Where Residing if not at place of death <i>Kent Island, Md.</i>							
Widowed		Name of Wife or Husband <i>Elizabeth Weston</i>							
Father's Name <i>John Weston</i>		Father's Birthplace <i>Kent Island, Md.</i>							
Mother's Maiden Name <i>Mrs. Palmer</i>		Mother's Birthplace <i>" " "</i>							
Name of person giving information <i>Samuel Bulbin</i>		How related to deceased <i>nephew</i>							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Senility</i>	How long <i>154</i>	
Immediate <i>Exhaustion</i>	How long <i>8</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>C Percy Kemp</i>	
	Address <i>Stevensville</i>	
Accident or Suicide? <i>No</i>		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

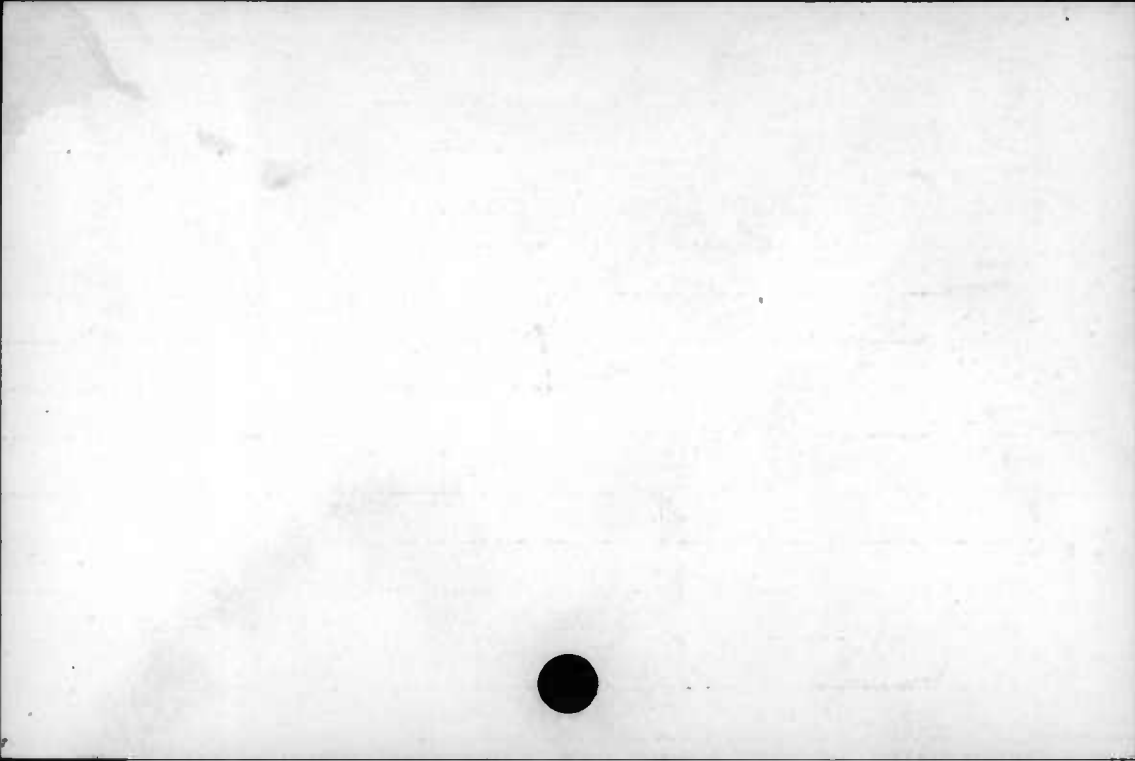
Name <i>Charles H. Higgins</i>		Town <i>near Richsburg</i>		County <i>Queen Anne</i>		MARYLAND	
Died at		Month <i>9</i>		Day <i>6</i>		Years <i>22</i>	
Date of death <i>1907</i>		Months <i>10</i>		Days <i>13</i>			
Sex <i>male</i>		Color or Race <i>white</i>		Birth place <i>Caroline Co Md</i>			
Occupation <i>farmer</i>		Where Residing if not at place of death		Place of death <i>Place of death</i>			
Married, Single or Widowed <i>single</i>		Name of Wife or Husband <i>[Signature]</i>					
Father's Name <i>Geo. J. Higgins</i>		Father's Birthplace <i>Caroline Co Md</i>					
Mother's Maiden Name <i>Annie E. Spencer</i>		Mother's Birthplace <i>Caroline Co "</i>					
Name of person giving information <i>Geo J. Higgins</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

121

PHYSICIAN
OR CORONER

Primary <i>Pyelitis</i>	How long <i>6 months</i>
Immediate <i>Leucocytosis</i>	How long <i>1 month</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>[Signature]</i>
<i>9</i>	Address <i>Beetonsville Queen Anne Co</i>
Accident or Suicide? <i>no</i>	



Name
in
Full

John Willis

CERTIFICATE OF DEATH

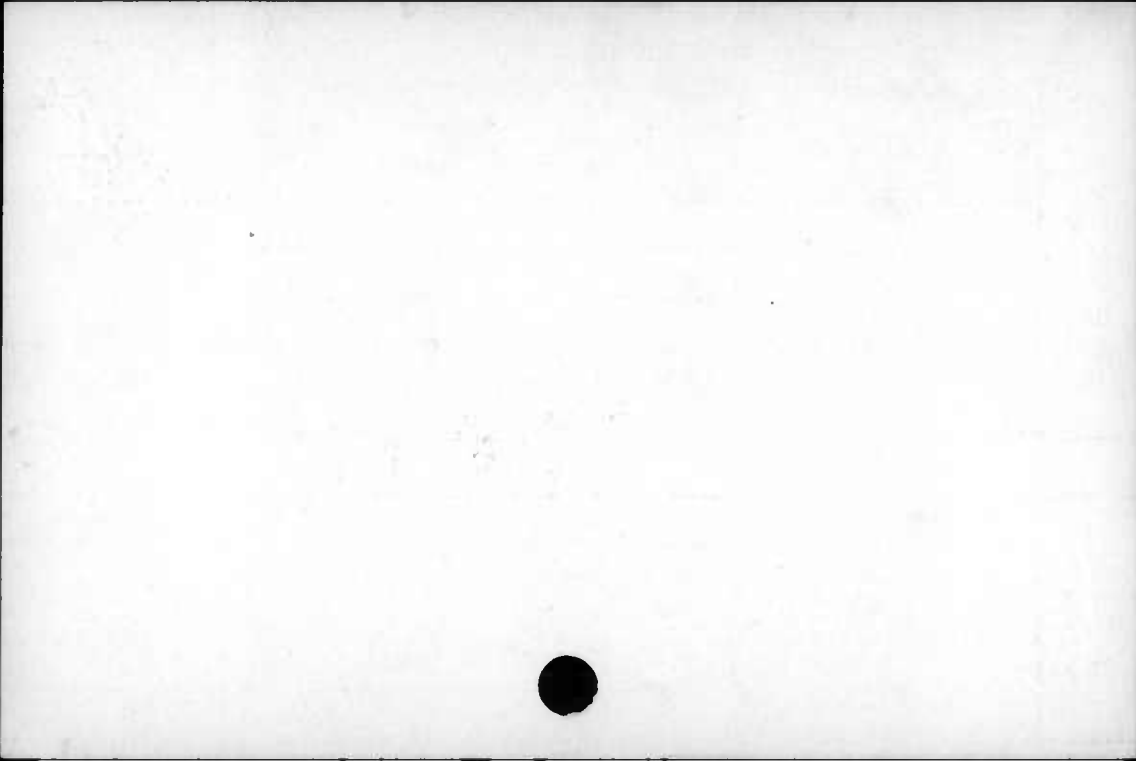
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Beegertown</i>		Town <i>2</i>		County <i>Ge</i>		MARYLAND	
Date of death	<i>1907</i>	Month <i>Sept</i>	Day <i>18</i>	Age <i>XX</i>	Years <i>11</i>	Months <i>20</i>	Days <i>20</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>2 also</i>				
Occupation <i>—</i>	Where Residing if not at place of death <i>near Beegertown</i>						
Married, Single or Widowed <i>—</i>	Name of Wife or Husband <i>—</i>						
Father's Name <i>John V. Willis</i>	Father's Birthplace <i>Del</i>						
Mother's Maiden Name <i>Blanch Beegan</i>	Mother's Birthplace <i>2 also</i>						
Name of person giving information <i>John V. Willis</i>	How related to deceased <i>Father</i>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Marasmus</i>	How long <i>Since birth</i>
Immediate <i>Exhaustion</i>	How long <i>48 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Rowland H. Ford</i>
<i>f</i>	Address <i>Queenstown, Md</i>
Accident or Suicide? <i>f</i>	



Name
in
Full

Mary Frances Wilson

CERTIFICATE OF DEATH

Died at <u>Centerville</u> ^{Town}		<u>Queen Anne</u> ^{County}		MARYLAND	
Date of death <u>1907</u>	<u>9</u> ^{Month}	<u>24</u> ^{Day}	Age <u>70</u> ^{Years}	<u>—</u> ^{Months}	<u>—</u> ^{Days}
Sex <u>Female</u>	Color or Race <u>Black</u>	Birth-place <u>Centerville</u>			
Occupation <u>House</u>	Where Residing if not at place of death <u>Centerville Md</u>				
Married, Single or Widowed <u>Widow</u>	Name of Wife or Husband <u>—</u>				
Father's Name <u>Mathias Barwick</u>	Father's Birthplace <u>Queen Anne Is</u>				
Mother's Maiden Name <u>Charlath Staudbury</u>	Mother's Birthplace <u>Queen Anne Is</u>				
Name of person giving information <u>Charlath Staudbury</u>	How related to deceased <u>Sister</u>				

CAUSES OF DEATH

79

Primary <u>Organic Heart</u>	How long <u>2 yrs</u>
<u>Exhaustion</u>	How long <u>1 yr</u>
Immediate	
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Morrison</u>
	Address <u>Centerville</u>
Accident or Suicide? <u>no</u>	<u>Marshall, Md</u>

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

